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SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE  
CANCER RESEARCH INSTITUTE

SAN FRANCISCO, CALIFORNIA 94143

July 23, 1985

Harold E. Varmus, M.D.  
HSE-416  
University of California  
San Francisco, California 94143

Dear Harold:

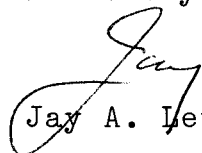
I compliment you on your handling of the nomenclature issue for the AIDS-associated retroviruses. You have summarized the responses to your poll extremely well, and have attempted to narrow the selection so we can reach a decision very soon. While I really would prefer having the virus carry the designation ARV because it distinguishes the major disease associated with it, and the specific virus family I can understand the political implications of accepting that term. We should, nevertheless, be prepared for the possibility that there will be a new CMV isolate or herpes isolate that might be linked with AIDS. Thus, it could be called the AIDS-associated herpes virus, etc.

I do find that while HALV may resolve some political issues, it certainly is harder to say a four letter versus a three letter name. Moreover, and most importantly, lymphadenopathy is clearly not a distinguishing clinical feature of this virus infection. Thus, I am hoping that you could circulate the possibility of calling the virus the "human AIDS virus" (HAV). Someone else has already suggested it according to the list of eponyms given in your previous correspondence. It deserves, I think, real consideration. Parenthetically, it would contain letters from all the original names.

Once again, I certainly appreciate your efforts to reach a decision on this unusual problem of naming this human virus. Please let me know if I can be of any further help.

With kind regards,

Sincerely,

  
Jay A. Levy, M.D.